

**Form 11a: Asthma consent form including use of school's emergency salbutamol inhaler for pupils up to, and including, primary 3 (and older pupils who are unable to self administer their inhaler)**

To be completed by the parent/carer

Pupil's name	Date of birth
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1. I can confirm that my child has been diagnosed with asthma or viral wheeze and has been prescribed an inhaler.
2. I take responsibility to supply the school with two in-date reliever inhalers in the containers in which they were dispensed, clearly labelled with the contents, dosage, and child's name in full and two spacers. I will collect the inhalers from the school at the end of the summer term. I accept that the school will destroy any inhalers that remain uncollected.
3. In the event of my child displaying symptoms of asthma, and if their personal inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Parent/carer's name (please print)	
Address	<input checked="" type="checkbox"/> Home
	<input checked="" type="checkbox"/> Work
	<input checked="" type="checkbox"/> Mobile
@	
Name of G.P.	
Address of G.P.	<input checked="" type="checkbox"/> G.P.
Signature of Parent/Carer	Date

Note: The school will not accept inhalers unless this form is completed and signed by the parent/carer of the pupil and the head teacher agrees the administration of the medication. The head teacher reserves the right to withdraw this service.